

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/589413

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
2			/			
3			/			
4			—			
5			/			
6			/			
7			/			
8			—			
9			/			
10			—			
11			/			
12			/			
13			/			
14			/			
15			—			
16			/			
17			—			
18			/			
19			—			
20			—			
21			/			
22			—			
23			—			
24			/			
25			—			
26			/			
27			—			
28			—			
29			/			
30			/			
31			—			
32			—			
33			—			
34			/			
35			—			
36			—			
37			/			
38			—			
39			—			
40			/			
41			—			
42			—			
43			—			
44			—			
45			—			
46			—			
47			/			
48			—			
49			—			
50			—			
TOTAL IND.			↓		↓	↓
TOTAL DEP.			◀		◀	◀
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51					/	
52			—	—		
53			—	—		
54			/			
55					/	
56					/	
57			—	—		
58					/	
59					/	
60			—	—		
61			—	—		
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.			↓		2	↓
TOTAL DEP.			◀		26	◀
TOTAL CLAIMS					28	